PART B - FEE(S) TRANSMITTAL

miplete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: The for appropriate AT A SECTION CONTINUES CORRECTED IN THE SECTION CONTINUES	m should be used for trar respondence including the below or directed otherwise	respectively. It is a second s	JE FEE and rders and not a) specifying	PUBLICATION FEE (if requiification of maintenance fees to a new correspondence address	nired). Blocks 1 through 5 s will be mailed to the current ; and/or (b) indicating a sep	hould be completed where correspondence address as arate "FEE ADDRESS" for	
maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
22917 75	90 02/27/2006			•			
MOTOROLA, INC. 1303 EAST ALGONQUIN ROAD IL01/3RD				I hereby certify that States Postal Service v addressed to the Mai	rtificate of Mailing or Trans nis Fee(s) Transmittal is bein, with sufficient postage for fir I Stop ISSUE FEE address TO (571) 273-2885, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.	
SCHAUMBURG, IL 60196				Sheilan Ma		(Depositor's name)	
5/02/2006 CNGUYEN3 00000067 502117 09643502				WILL THE	milino	(Signature)	
1 FC:1501 1400.0	OO DA			April 28,		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/643,502 08/22/2000 MICHAEL KORUS CM03704H-C01 2834 FITLE OF INVENTION: METHOD AND APPARATUS FOR PROVIDING BROADCAST GROUP DATA							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$0	\$1400	05/30/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	j		
PHAM, BRENDA H		2664	•	370-312000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 registered	For printing on the patent front page, list) the names of up to 3 registered patent attorneys agents OR, alternatively, the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed. Susan L. Lukasik Indira Saladi 3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app Γa substitute	pear on the patent. If an assign for filing an assignment.	ee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
MOTOROLA, INC. SCHAUMBURG, IL							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🕱 Corporation or other private group entity 🖵 Government							
a. The following fee(s) are Issue Fee Publication Fee (No si	mall entity discount permitte		b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502117 (enclose an extra copy of this form).				
'	(from status indicated above	•		cant is no longer claiming SMA			
• •	MALL ENTITY status. See is requested to apply the Issu ablication Fee (if required) verds of the United States Pate	ie Fee and Publicat	tion Fee (if ar	ny) or to re-apply any previousle other than the applicant; a regi			
Authorized Signature M				Date A	pril 28, 2006		
Typed or printed name Indira Saladi				Registration N	lo. <u>45,759</u>		
This collection of information in application. Confidentialing the completed applies form and/or suggestions.	n is required by 37 CFR 1.3 ty is governed by 35 U.S.C. plication form to the USPT for reducing this burden of	11. The informatio 122 and 37 CFR O. Time will vary	n is required 1.14. This col depending up	to obtain or retain a benefit by t llection is estimated to take 12 t pon the individual case. Any co	he public which is to file (and minutes to complete, includin mments on the amount of tire Trademark Office II.S. Depo	by the USPTO to process) g gathering, preparing, and ne you require to complete perment of Commerce P.O.	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.